PLACE OF BIRTH ARIZ	ONA STATE BOARD OF HEALTH
1. County of BUREAU OF	VITAL STATISTICS State Index No. 150
ORIGINAL CERTIFICATE OF RIRTH Co. Registrar No. 120	
Town of VV	Local Registrar No
or	
City of No St Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
To child is not yet named make	
2. Full name of child	supplemental report, as directed
3. Sex of Child ONLY in event of Sex of Control of Cont	6. Legiti- mate? 7. Date of birth March (Month, day, year)
8. FATHER	14. MOTHER
rull name Colinosa	maiden name Chalacia Beriteo
9. Residence (Usual place of abode) Wi ami. Quiz. If nonresident, give place and State	15. Residence (Usual place of abode) Wi ami- If nonresident, give place and State
10. Color or race Wey 11. Age at last birthday 3.0 (Years)	16. Color or race Wey 17. Age at last birthday 3.0 (Years)
12. Birthplace (city or place) Jacobe cas (State or country) West.	18. Birthplace (city or place) 2 acte e co. (State or country) Wey.
13. Occupation Nature of Industry	19. Occupation Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.) (a) Born alive and now living(b) Born alive but now dead(c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.	
I he by certify that I attended the birth of this child, who was at b	
or then the father, householder, et gake this return. A stillborn ci; that neither breathes nor had neither breathes nor	
Given name added from	
a supplemental report. (Month, day, year) Filed 75, 1923 S Local Registrar.	
Registrar. 351-315-522	

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